

| 1. CIR./DIST./DIV. CODE<br>TNW   |  | 2. PERSON REPRESENTED<br>BARNER, LEANDRE     |  | VOUCHER NUMBER                                |                           |  |  |               |                      |                          |                           |                   |          |                                |  |  |  |  |  |                                |  |  |  |  |  |                    |  |  |  |  |  |          |  |  |  |  |  |                        |  |  |  |  |  |                        |  |  |  |  |  |                  |  |  |  |  |  |   |  |  |  |  |  |                               |  |  |  |  |  |  |              |                                   |  |  |  |  |  |                                    |  |  |  |  |  |                                     |  |  |  |  |  |                |  |  |  |  |  |  |  |  |  |  |  |                               |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |   |  |  |  |  |                      |   |  |  |  |  |  |                    |  |                        |  |                     |  |  |  |  |  |                    |  |  |  |  |  |                            |  |   |  |  |  |      |  |  |  |  |  |                              |  |                    |  |                        |  |                     |  |  |  |  |  |                    |  |  |  |  |  |                         |  |  |  |  |  |      |  |  |  |  |  |                 |  |
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| 3. MAG. DKT./DEF. NUMBER   |  | 4. DIST. DKT./DEF. NUMBER<br>2:04-020339-001 |  | 5. APPEALS DKT./DEF. NUMBER                   |                           |  |  |               |                      |                          |                           |                   |          |                                |  |  |  |  |  |                                |  |  |  |  |  |                    |  |  |  |  |  |          |  |  |  |  |  |                        |  |  |  |  |  |                        |  |  |  |  |  |                  |  |  |  |  |  |   |  |  |  |  |  |                               |  |  |  |  |  |  |              |                                   |  |  |  |  |  |                                    |  |  |  |  |  |                                     |  |  |  |  |  |                |  |  |  |  |  |  |  |  |  |  |  |                               |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |   |  |  |  |  |                      |   |  |  |  |  |  |                    |  |                        |  |                     |  |  |  |  |  |                    |  |  |  |  |  |                            |  |   |  |  |  |      |  |  |  |  |  |                              |  |                    |  |                        |  |                     |  |  |  |  |  |                    |  |  |  |  |  |                         |  |  |  |  |  |      |  |  |  |  |  |                 |  |
| 7. IN CASE/MATTER OF (Case Name)<br>U.S. v. BARNER   |  | 8. PAYMENT CATEGORY<br>Felony                |  | 9. TYPE PERSON REPRESENTED<br>Adult Defendant |                           |  |  |               |                      |                          |                           |                   |          |                                |  |  |  |  |  |                                |  |  |  |  |  |                    |  |  |  |  |  |          |  |  |  |  |  |                        |  |  |  |  |  |                        |  |  |  |  |  |                  |  |  |  |  |  |   |  |  |  |  |  |                               |  |  |  |  |  |  |              |                                   |  |  |  |  |  |                                    |  |  |  |  |  |                                     |  |  |  |  |  |                |  |  |  |  |  |  |  |  |  |  |  |                               |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |   |  |  |  |  |                      |   |  |  |  |  |  |                    |  |                        |  |                     |  |  |  |  |  |                    |  |  |  |  |  |                            |  |   |  |  |  |      |  |  |  |  |  |                              |  |                    |  |                        |  |                     |  |  |  |  |  |                    |  |  |  |  |  |                         |  |  |  |  |  |      |  |  |  |  |  |                 |  |
|  |  |  |  | 6. OTHER DKT. NUMBER                          |                           |  |  |               |                      |                          |                           |                   |          |                                |  |  |  |  |  |                                |  |  |  |  |  |                    |  |  |  |  |  |          |  |  |  |  |  |                        |  |  |  |  |  |                        |  |  |  |  |  |                  |  |  |  |  |  |   |  |  |  |  |  |                               |  |  |  |  |  |  |              |                                   |  |  |  |  |  |                                    |  |  |  |  |  |                                     |  |  |  |  |  |                |  |  |  |  |  |  |  |  |  |  |  |                               |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |   |  |  |  |  |                      |   |  |  |  |  |  |                    |  |                        |  |                     |  |  |  |  |  |                    |  |  |  |  |  |                            |  |   |  |  |  |      |  |  |  |  |  |                              |  |                    |  |                        |  |                     |  |  |  |  |  |                    |  |  |  |  |  |                         |  |  |  |  |  |      |  |  |  |  |  |                 |  |
|  |  |  |  | 10. REPLENISHMENT TYPE<br>Criminal Case       |                           |  |  |               |                      |                          |                           |                   |          |                                |  |  |  |  |  |                                |  |  |  |  |  |                    |  |  |  |  |  |          |  |  |  |  |  |                        |  |  |  |  |  |                        |  |  |  |  |  |                  |  |  |  |  |  |   |  |  |  |  |  |                               |  |  |  |  |  |  |              |                                   |  |  |  |  |  |                                    |  |  |  |  |  |                                     |  |  |  |  |  |                |  |  |  |  |  |  |  |  |  |  |  |                               |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |   |  |  |  |  |                      |   |  |  |  |  |  |                    |  |                        |  |                     |  |  |  |  |  |                    |  |  |  |  |  |                            |  |   |  |  |  |      |  |  |  |  |  |                              |  |                    |  |                        |  |                     |  |  |  |  |  |                    |  |  |  |  |  |                         |  |  |  |  |  |      |  |  |  |  |  |                 |  |
| 11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) If more than one offense, list (up to five) major offenses charged, according to severity of offense.<br>1) 18 922G.F -- UNLAWFUL TRANSPORT/POSSESS/RECEIVE FIREARMS THROUGH INTERSTATE COMMERCE  |  |  |  |   |                           |  |  |               |                      |                          |                           |                   |          |                                |  |  |  |  |  |                                |  |  |  |  |  |                    |  |  |  |  |  |          |  |  |  |  |  |                        |  |  |  |  |  |                        |  |  |  |  |  |                  |  |  |  |  |  |   |  |  |  |  |  |                               |  |  |  |  |  |  |              |                                   |  |  |  |  |  |                                    |  |  |  |  |  |                                     |  |  |  |  |  |                |  |  |  |  |  |  |  |  |  |  |  |                               |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |   |  |  |  |  |                      |   |  |  |  |  |  |                    |  |                        |  |                     |  |  |  |  |  |                    |  |  |  |  |  |                            |  |   |  |  |  |      |  |  |  |  |  |                              |  |                    |  |                        |  |                     |  |  |  |  |  |                    |  |  |  |  |  |                         |  |  |  |  |  |      |  |  |  |  |  |                 |  |
| 12. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix)<br>AND MAILING ADDRESS<br>Schreiner, Steffen G.<br>369 N. Main<br>Memphis TN 38103<br><br>Telephone Number: (901) 527-5000   |  |  | 13. COURT ORDER<br><input type="checkbox"/> O Appointing Counsel<br><input type="checkbox"/> F Subs For Federal Defender<br><input type="checkbox"/> P Subs For Panel Attorney<br><input type="checkbox"/> C Co-Counsel<br><input checked="" type="checkbox"/> R Subs For Retained Attorney<br><input type="checkbox"/> Y Standby Counsel<br>Prior Attorney's Name: _____<br>Appointment Date: _____<br><input type="checkbox"/> Because the above-named person represented has testified under oath or has otherwise satisfied this court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interests of justice so require, the attorney whose name appears in Item 12 is appointed to represent this person in this case, or<br><input type="checkbox"/> Other (See Instructions)<br>Signature of Presiding Judicial Officer or By Order of the Court<br>Date of Order: 05/02/2005<br>Nunc Pro Tunc Date<br>Reimbursement or partial reimbursement ordered from the person represented for this service at time of appointment. <input type="checkbox"/> YES <input type="checkbox"/> NO |   |                           |  |  |               |                      |                          |                           |                   |          |                                |  |  |  |  |  |                                |  |  |  |  |  |                    |  |  |  |  |  |          |  |  |  |  |  |                        |  |  |  |  |  |                        |  |  |  |  |  |                  |  |  |  |  |  |   |  |  |  |  |  |                               |  |  |  |  |  |  |              |                                   |  |  |  |  |  |                                    |  |  |  |  |  |                                     |  |  |  |  |  |                |  |  |  |  |  |  |  |  |  |  |  |                               |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |   |  |  |  |  |                      |   |  |  |  |  |  |                    |  |                        |  |                     |  |  |  |  |  |                    |  |  |  |  |  |                            |  |   |  |  |  |      |  |  |  |  |  |                              |  |                    |  |                        |  |                     |  |  |  |  |  |                    |  |  |  |  |  |                         |  |  |  |  |  |      |  |  |  |  |  |                 |  |
| 14. NAME AND MAILING ADDRESS OF LAW FIRM (only provide per instructions)   |  |  |  |   |                           |  |  |               |                      |                          |                           |                   |          |                                |  |  |  |  |  |                                |  |  |  |  |  |                    |  |  |  |  |  |          |  |  |  |  |  |                        |  |  |  |  |  |                        |  |  |  |  |  |                  |  |  |  |  |  |   |  |  |  |  |  |                               |  |  |  |  |  |  |              |                                   |  |  |  |  |  |                                    |  |  |  |  |  |                                     |  |  |  |  |  |                |  |  |  |  |  |  |  |  |  |  |  |                               |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |   |  |  |  |  |                      |   |  |  |  |  |  |                    |  |                        |  |                     |  |  |  |  |  |                    |  |  |  |  |  |                            |  |   |  |  |  |      |  |  |  |  |  |                              |  |                    |  |                        |  |                     |  |  |  |  |  |                    |  |  |  |  |  |                         |  |  |  |  |  |      |  |  |  |  |  |                 |  |
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CLAIM STATUS <input type="checkbox"/> Final Payment <input type="checkbox"/> Interim Payment Number _____<br/>         Have you previously applied to the court for compensation and/or reimbursement for this case? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, were you paid? <input type="checkbox"/> YES <input type="checkbox"/> NO<br/>         Other than from the court, have you, or to your knowledge has anyone else, received payment (compensation or anything of value) from any other source in connection with this representation? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, give details on additional sheets.<br/>         I swear or affirm the truth or correctness of the above statements.<br/>         Signature of Attorney: _____ Date: _____       </td> </tr> <tr> <td colspan="2">23. IN COURT COMP.</td> <td colspan="2">24. OUT OF COURT COMP.</td> <td colspan="2">25. 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| In Court   | 15. a. Arraignment and/or Plea                                 |  |  |   |                           |  |  |               |                      |                          |                           |                   |          |                                |  |  |  |  |  |                                |  |  |  |  |  |                    |  |  |  |  |  |          |  |  |  |  |  |                        |  |  |  |  |  |                        |  |  |  |  |  |                  |  |  |  |  |  |   |  |  |  |  |  |                               |  |  |  |  |  |  |              |                                   |  |  |  |  |  |                                    |  |  |  |  |  |                                     |  |  |  |  |  |                |  |  |  |  |  |  |  |  |  |  |  |                               |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |   |  |  |  |  |                      |   |  |  |  |  |  |                    |  |                        |  |                     |  |  |  |  |  |                    |  |  |  |  |  |                            |  |   |  |  |  |      |  |  |  |  |  |                              |  |                    |  |                        |  |                     |  |  |  |  |  |                    |  |  |  |  |  |                         |  |  |  |  |  |      |  |  |  |  |  |                 |  |
|  | b. Bail and Detention Hearings                                 |  |  |   |                           |  |  |               |                      |                          |                           |                   |          |                                |  |  |  |  |  |                                |  |  |  |  |  |                    |  |  |  |  |  |          |  |  |  |  |  |                        |  |  |  |  |  |                        |  |  |  |  |  |                  |  |  |  |  |  |   |  |  |  |  |  |                               |  |  |  |  |  |  |              |                                   |  |  |  |  |  |                                    |  |  |  |  |  |                                     |  |  |  |  |  |                |  |  |  |  |  |  |  |  |  |  |  |                               |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |   |  |  |  |  |                      |   |  |  |  |  |  |                    |  |                        |  |                     |  |  |  |  |  |                    |  |  |  |  |  |                            |  |   |  |  |  |      |  |  |  |  |  |                              |  |                    |  |                        |  |                     |  |  |  |  |  |                    |  |  |  |  |  |                         |  |  |  |  |  |      |  |  |  |  |  |                 |  |
|  | c. Motion Hearings   |  |  |   |                           |  |  |               |                      |                          |                           |                   |          |                                |  |  |  |  |  |                                |  |  |  |  |  |                    |  |  |  |  |  |          |  |  |  |  |  |                        |  |  |  |  |  |                        |  |  |  |  |  |                  |  |  |  |  |  |   |  |  |  |  |  |                               |  |  |  |  |  |  |              |                                   |  |  |  |  |  |                                    |  |  |  |  |  |                                     |  |  |  |  |  |                |  |  |  |  |  |  |  |  |  |  |  |                               |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |   |  |  |  |  |                      |   |  |  |  |  |  |                    |  |                        |  |                     |  |  |  |  |  |                    |  |  |  |  |  |                            |  |   |  |  |  |      |  |  |  |  |  |                              |  |                    |  |                        |  |                     |  |  |  |  |  |                    |  |  |  |  |  |                         |  |  |  |  |  |      |  |  |  |  |  |                 |  |
|  | d. Trial   |  |  |   |                           |  |  |               |                      |                          |                           |                   |          |                                |  |  |  |  |  |                                |  |  |  |  |  |                    |  |  |  |  |  |          |  |  |  |  |  |                        |  |  |  |  |  |                        |  |  |  |  |  |                  |  |  |  |  |  |   |  |  |  |  |  |                               |  |  |  |  |  |  |              |                                   |  |  |  |  |  |                                    |  |  |  |  |  |                                     |  |  |  |  |  |                |  |  |  |  |  |  |  |  |  |  |  |                               |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |   |  |  |  |  |                      |   |  |  |  |  |  |                    |  |                        |  |                     |  |  |  |  |  |                    |  |  |  |  |  |                            |  |   |  |  |  |      |  |  |  |  |  |                              |  |                    |  |                        |  |                     |  |  |  |  |  |                    |  |  |  |  |  |                         |  |  |  |  |  |      |  |  |  |  |  |                 |  |
|  | e. Sentencing Hearings   |  |  |   |                           |  |  |               |                      |                          |                           |                   |          |                                |  |  |  |  |  |                                |  |  |  |  |  |                    |  |  |  |  |  |          |  |  |  |  |  |                        |  |  |  |  |  |                        |  |  |  |  |  |                  |  |  |  |  |  |   |  |  |  |  |  |                               |  |  |  |  |  |  |              |                                   |  |  |  |  |  |                                    |  |  |  |  |  |                                     |  |  |  |  |  |                |  |  |  |  |  |  |  |  |  |  |  |                               |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |   |  |  |  |  |                      |   |  |  |  |  |  |                    |  |                        |  |                     |  |  |  |  |  |                    |  |  |  |  |  |                            |  |   |  |  |  |      |  |  |  |  |  |                              |  |                    |  |                        |  |                     |  |  |  |  |  |                    |  |  |  |  |  |                         |  |  |  |  |  |      |  |  |  |  |  |                 |  |
|  | f. Revocation Hearings   |  |  |   |                           |  |  |               |                      |                          |                           |                   |          |                                |  |  |  |  |  |                                |  |  |  |  |  |                    |  |  |  |  |  |          |  |  |  |  |  |                        |  |  |  |  |  |                        |  |  |  |  |  |                  |  |  |  |  |  |   |  |  |  |  |  |                               |  |  |  |  |  |  |              |                                   |  |  |  |  |  |                                    |  |  |  |  |  |                                     |  |  |  |  |  |                |  |  |  |  |  |  |  |  |  |  |  |                               |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |   |  |  |  |  |                      |   |  |  |  |  |  |                    |  |                        |  |                     |  |  |  |  |  |                    |  |  |  |  |  |                            |  |   |  |  |  |      |  |  |  |  |  |                              |  |                    |  |                        |  |                     |  |  |  |  |  |                    |  |  |  |  |  |                         |  |  |  |  |  |      |  |  |  |  |  |                 |  |
|  | g. Appeals Court   |  |  |   |                           |  |  |               |                      |                          |                           |                   |          |                                |  |  |  |  |  |                                |  |  |  |  |  |                    |  |  |  |  |  |          |  |  |  |  |  |                        |  |  |  |  |  |                        |  |  |  |  |  |                  |  |  |  |  |  |   |  |  |  |  |  |                               |  |  |  |  |  |  |              |                                   |  |  |  |  |  |                                    |  |  |  |  |  |                                     |  |  |  |  |  |                |  |  |  |  |  |  |  |  |  |  |  |                               |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |   |  |  |  |  |                      |   |  |  |  |  |  |                    |  |                        |  |                     |  |  |  |  |  |                    |  |  |  |  |  |                            |  |   |  |  |  |      |  |  |  |  |  |                              |  |                    |  |                        |  |                     |  |  |  |  |  |                    |  |  |  |  |  |                         |  |  |  |  |  |      |  |  |  |  |  |                 |  |
|  | h. Other (Specify on additional sheets)                        |  |  |   |                           |  |  |               |                      |                          |                           |                   |          |                                |  |  |  |  |  |                                |  |  |  |  |  |                    |  |  |  |  |  |          |  |  |  |  |  |                        |  |  |  |  |  |                        |  |  |  |  |  |                  |  |  |  |  |  |   |  |  |  |  |  |                               |  |  |  |  |  |  |              |                                   |  |  |  |  |  |                                    |  |  |  |  |  |                                     |  |  |  |  |  |                |  |  |  |  |  |  |  |  |  |  |  |                               |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |   |  |  |  |  |                      |   |  |  |  |  |  |                    |  |                        |  |                     |  |  |  |  |  |                    |  |  |  |  |  |                            |  |   |  |  |  |      |  |  |  |  |  |                              |  |                    |  |                        |  |                     |  |  |  |  |  |                    |  |  |  |  |  |                         |  |  |  |  |  |      |  |  |  |  |  |                 |  |
| (Rate per hour = \$ ) TOTALS:  |  |  |  |   |                           |  |  |               |                      |                          |                           |                   |          |                                |  |  |  |  |  |                                |  |  |  |  |  |                    |  |  |  |  |  |          |  |  |  |  |  |                        |  |  |  |  |  |                        |  |  |  |  |  |                  |  |  |  |  |  |   |  |  |  |  |  |                               |  |  |  |  |  |  |              |                                   |  |  |  |  |  |                                    |  |  |  |  |  |                                     |  |  |  |  |  |                |  |  |  |  |  |  |  |  |  |  |  |                               |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |   |  |  |  |  |                      |   |  |  |  |  |  |                    |  |                        |  |                     |  |  |  |  |  |                    |  |  |  |  |  |                            |  |   |  |  |  |      |  |  |  |  |  |                              |  |                    |  |                        |  |                     |  |  |  |  |  |                    |  |  |  |  |  |                         |  |  |  |  |  |      |  |  |  |  |  |                 |  |
| Out of Court   | 16. a. Interviews and Conferences                              |  |  |   |                           |  |  |               |                      |                          |                           |                   |          |                                |  |  |  |  |  |                                |  |  |  |  |  |                    |  |  |  |  |  |          |  |  |  |  |  |                        |  |  |  |  |  |                        |  |  |  |  |  |                  |  |  |  |  |  |   |  |  |  |  |  |                               |  |  |  |  |  |  |              |                                   |  |  |  |  |  |                                    |  |  |  |  |  |                                     |  |  |  |  |  |                |  |  |  |  |  |  |  |  |  |  |  |                               |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |   |  |  |  |  |                      |   |  |  |  |  |  |                    |  |                        |  |                     |  |  |  |  |  |                    |  |  |  |  |  |                            |  |   |  |  |  |      |  |  |  |  |  |                              |  |                    |  |                        |  |                     |  |  |  |  |  |                    |  |  |  |  |  |                         |  |  |  |  |  |      |  |  |  |  |  |                 |  |
|  | b. Obtaining and reviewing records                             |  |  |   |                           |  |  |               |                      |                          |                           |                   |          |                                |  |  |  |  |  |                                |  |  |  |  |  |                    |  |  |  |  |  |          |  |  |  |  |  |                        |  |  |  |  |  |                        |  |  |  |  |  |                  |  |  |  |  |  |   |  |  |  |  |  |                               |  |  |  |  |  |  |              |                                   |  |  |  |  |  |                                    |  |  |  |  |  |                                     |  |  |  |  |  |                |  |  |  |  |  |  |  |  |  |  |  |                               |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |   |  |  |  |  |                      |   |  |  |  |  |  |                    |  |                        |  |                     |  |  |  |  |  |                    |  |  |  |  |  |                            |  |   |  |  |  |      |  |  |  |  |  |                              |  |                    |  |                        |  |                     |  |  |  |  |  |                    |  |  |  |  |  |                         |  |  |  |  |  |      |  |  |  |  |  |                 |  |
|  | c. Legal research and brief writing                            |  |  |   |                           |  |  |               |                      |                          |                           |                   |          |                                |  |  |  |  |  |                                |  |  |  |  |  |                    |  |  |  |  |  |          |  |  |  |  |  |                        |  |  |  |  |  |                        |  |  |  |  |  |                  |  |  |  |  |  |   |  |  |  |  |  |                               |  |  |  |  |  |  |              |                                   |  |  |  |  |  |                                    |  |  |  |  |  |                                     |  |  |  |  |  |                |  |  |  |  |  |  |  |  |  |  |  |                               |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |   |  |  |  |  |                      |   |  |  |  |  |  |                    |  |                        |  |                     |  |  |  |  |  |                    |  |  |  |  |  |                            |  |   |  |  |  |      |  |  |  |  |  |                              |  |                    |  |                        |  |                     |  |  |  |  |  |                    |  |  |  |  |  |                         |  |  |  |  |  |      |  |  |  |  |  |                 |  |
|  | d. Travel time   |  |  |   |                           |  |  |               |                      |                          |                           |                   |          |                                |  |  |  |  |  |                                |  |  |  |  |  |                    |  |  |  |  |  |          |  |  |  |  |  |                        |  |  |  |  |  |                        |  |  |  |  |  |                  |  |  |  |  |  |   |  |  |  |  |  |                               |  |  |  |  |  |  |              |                                   |  |  |  |  |  |                                    |  |  |  |  |  |                                     |  |  |  |  |  |                |  |  |  |  |  |  |  |  |  |  |  |                               |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |   |  |  |  |  |                      |   |  |  |  |  |  |                    |  |                        |  |                     |  |  |  |  |  |                    |  |  |  |  |  |                            |  |   |  |  |  |      |  |  |  |  |  |                              |  |                    |  |                        |  |                     |  |  |  |  |  |                    |  |  |  |  |  |                         |  |  |  |  |  |      |  |  |  |  |  |                 |  |
|  | e. Investigative and Other work (Specify on additional sheets) |  |  |   |                           |  |  |               |                      |                          |                           |                   |          |                                |  |  |  |  |  |                                |  |  |  |  |  |                    |  |  |  |  |  |          |  |  |  |  |  |                        |  |  |  |  |  |                        |  |  |  |  |  |                  |  |  |  |  |  |   |  |  |  |  |  |                               |  |  |  |  |  |  |              |                                   |  |  |  |  |  |                                    |  |  |  |  |  |                                     |  |  |  |  |  |                |  |  |  |  |  |  |  |  |  |  |  |                               |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |   |  |  |  |  |                      |   |  |  |  |  |  |                    |  |                        |  |                     |  |  |  |  |  |                    |  |  |  |  |  |                            |  |   |  |  |  |      |  |  |  |  |  |                              |  |                    |  |                        |  |                     |  |  |  |  |  |                    |  |  |  |  |  |                         |  |  |  |  |  |      |  |  |  |  |  |                 |  |
| (Rate per hour = \$ ) TOTALS:  |  |  |  |   |                           |  |  |               |                      |                          |                           |                   |          |                                |  |  |  |  |  |                                |  |  |  |  |  |                    |  |  |  |  |  |          |  |  |  |  |  |                        |  |  |  |  |  |                        |  |  |  |  |  |                  |  |  |  |  |  |   |  |  |  |  |  |                               |  |  |  |  |  |  |              |                                   |  |  |  |  |  |                                    |  |  |  |  |  |                                     |  |  |  |  |  |                |  |  |  |  |  |  |  |  |  |  |  |                               |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |   |  |  |  |  |                      |   |  |  |  |  |  |                    |  |                        |  |                     |  |  |  |  |  |                    |  |  |  |  |  |                            |  |   |  |  |  |      |  |  |  |  |  |                              |  |                    |  |                        |  |                     |  |  |  |  |  |                    |  |  |  |  |  |                         |  |  |  |  |  |      |  |  |  |  |  |                 |  |
| 17. Travel Expenses (lodging, parking, meals, mileage, etc.)   |  |  |  |   |                           |  |  |               |                      |                          |                           |                   |          |                                |  |  |  |  |  |                                |  |  |  |  |  |                    |  |  |  |  |  |          |  |  |  |  |  |                        |  |  |  |  |  |                        |  |  |  |  |  |                  |  |  |  |  |  |   |  |  |  |  |  |                               |  |  |  |  |  |  |              |                                   |  |  |  |  |  |                                    |  |  |  |  |  |                                     |  |  |  |  |  |                |  |  |  |  |  |  |  |  |  |  |  |                               |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |   |  |  |  |  |                      |   |  |  |  |  |  |                    |  |                        |  |                     |  |  |  |  |  |                    |  |  |  |  |  |                            |  |   |  |  |  |      |  |  |  |  |  |                              |  |                    |  |                        |  |                     |  |  |  |  |  |                    |  |  |  |  |  |                         |  |  |  |  |  |      |  |  |  |  |  |                 |  |
| 18. Other Expenses (other than expert, transcripts, etc.)  |  |  |  |   |                           |  |  |               |                      |                          |                           |                   |          |                                |  |  |  |  |  |                                |  |  |  |  |  |                    |  |  |  |  |  |          |  |  |  |  |  |                        |  |  |  |  |  |                        |  |  |  |  |  |                  |  |  |  |  |  |   |  |  |  |  |  |                               |  |  |  |  |  |  |              |                                   |  |  |  |  |  |                                    |  |  |  |  |  |                                     |  |  |  |  |  |                |  |  |  |  |  |  |  |  |  |  |  |                               |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |   |  |  |  |  |                      |   |  |  |  |  |  |                    |  |                        |  |                     |  |  |  |  |  |                    |  |  |  |  |  |                            |  |   |  |  |  |      |  |  |  |  |  |                              |  |                    |  |                        |  |                     |  |  |  |  |  |                    |  |  |  |  |  |                         |  |  |  |  |  |      |  |  |  |  |  |                 |  |
| 19. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE FROM _____ TO _____  |  |  | 20. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION   |   | 21. CASE DISPOSITION      |  |  |               |                      |                          |                           |                   |          |                                |  |  |  |  |  |                                |  |  |  |  |  |                    |  |  |  |  |  |          |  |  |  |  |  |                        |  |  |  |  |  |                        |  |  |  |  |  |                  |  |  |  |  |  |   |  |  |  |  |  |                               |  |  |  |  |  |  |              |                                   |  |  |  |  |  |                                    |  |  |  |  |  |                                     |  |  |  |  |  |                |  |  |  |  |  |  |  |  |  |  |  |                               |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |   |  |  |  |  |                      |   |  |  |  |  |  |                    |  |                        |  |                     |  |  |  |  |  |                    |  |  |  |  |  |                            |  |   |  |  |  |      |  |  |  |  |  |                              |  |                    |  |                        |  |                     |  |  |  |  |  |                    |  |  |  |  |  |                         |  |  |  |  |  |      |  |  |  |  |  |                 |  |
| 22. CLAIM STATUS <input type="checkbox"/> Final Payment <input type="checkbox"/> Interim Payment Number _____<br>Have you previously applied to the court for compensation and/or reimbursement for this case? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, were you paid? <input type="checkbox"/> YES <input type="checkbox"/> NO<br>Other than from the court, have you, or to your knowledge has anyone else, received payment (compensation or anything of value) from any other source in connection with this representation? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, give details on additional sheets.<br>I swear or affirm the truth or correctness of the above statements.<br>Signature of Attorney: _____ Date: _____  |  |  |  |   |                           |  |  |               |                      |                          |                           |                   |          |                                |  |  |  |  |  |                                |  |  |  |  |  |                    |  |  |  |  |  |          |  |  |  |  |  |                        |  |  |  |  |  |                        |  |  |  |  |  |                  |  |  |  |  |  |   |  |  |  |  |  |                               |  |  |  |  |  |  |              |                                   |  |  |  |  |  |                                    |  |  |  |  |  |                                     |  |  |  |  |  |                |  |  |  |  |  |  |  |  |  |  |  |                               |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |   |  |  |  |  |                      |   |  |  |  |  |  |                    |  |                        |  |                     |  |  |  |  |  |                    |  |  |  |  |  |                            |  |   |  |  |  |      |  |  |  |  |  |                              |  |                    |  |                        |  |                     |  |  |  |  |  |                    |  |  |  |  |  |                         |  |  |  |  |  |      |  |  |  |  |  |                 |  |
| 23. IN COURT COMP.   |  | 24. OUT OF COURT COMP.                       |  | 25. TRAVEL EXPENSES                           |                           |  |  |               |                      |                          |                           |                   |          |                                |  |  |  |  |  |                                |  |  |  |  |  |                    |  |  |  |  |  |          |  |  |  |  |  |                        |  |  |  |  |  |                        |  |  |  |  |  |                  |  |  |  |  |  |   |  |  |  |  |  |                               |  |  |  |  |  |  |              |                                   |  |  |  |  |  |                                    |  |  |  |  |  |                                     |  |  |  |  |  |                |  |  |  |  |  |  |  |  |  |  |  |                               |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |   |  |  |  |  |                      |   |  |  |  |  |  |                    |  |                        |  |                     |  |  |  |  |  |                    |  |  |  |  |  |                            |  |   |  |  |  |      |  |  |  |  |  |                              |  |                    |  |                        |  |                     |  |  |  |  |  |                    |  |  |  |  |  |                         |  |  |  |  |  |      |  |  |  |  |  |                 |  |
|  |  |  |  | 26. OTHER EXPENSES                            |                           |  |  |               |                      |                          |                           |                   |          |                                |  |  |  |  |  |                                |  |  |  |  |  |                    |  |  |  |  |  |          |  |  |  |  |  |                        |  |  |  |  |  |                        |  |  |  |  |  |                  |  |  |  |  |  |   |  |  |  |  |  |                               |  |  |  |  |  |  |              |                                   |  |  |  |  |  |                                    |  |  |  |  |  |                                     |  |  |  |  |  |                |  |  |  |  |  |  |  |  |  |  |  |                               |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |   |  |  |  |  |                      |   |  |  |  |  |  |                    |  |                        |  |                     |  |  |  |  |  |                    |  |  |  |  |  |                            |  |   |  |  |  |      |  |  |  |  |  |                              |  |                    |  |                        |  |                     |  |  |  |  |  |                    |  |  |  |  |  |                         |  |  |  |  |  |      |  |  |  |  |  |                 |  |
|  |  |  |  | 27. TOTAL AMT. APPR / CERT                    |                           |  |  |               |                      |                          |                           |                   |          |                                |  |  |  |  |  |                                |  |  |  |  |  |                    |  |  |  |  |  |          |  |  |  |  |  |                        |  |  |  |  |  |                        |  |  |  |  |  |                  |  |  |  |  |  |   |  |  |  |  |  |                               |  |  |  |  |  |  |              |                                   |  |  |  |  |  |                                    |  |  |  |  |  |                                     |  |  |  |  |  |                |  |  |  |  |  |  |  |  |  |  |  |                               |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |   |  |  |  |  |                      |   |  |  |  |  |  |                    |  |                        |  |                     |  |  |  |  |  |                    |  |  |  |  |  |                            |  |   |  |  |  |      |  |  |  |  |  |                              |  |                    |  |                        |  |                     |  |  |  |  |  |                    |  |  |  |  |  |                         |  |  |  |  |  |      |  |  |  |  |  |                 |  |
| 28. SIGNATURE OF THE PRESIDING JUDICIAL OFFICER  |  |  |  | DATE  |                           |  |  |               |                      |                          |                           |                   |          |                                |  |  |  |  |  |                                |  |  |  |  |  |                    |  |  |  |  |  |          |  |  |  |  |  |                        |  |  |  |  |  |                        |  |  |  |  |  |                  |  |  |  |  |  |   |  |  |  |  |  |                               |  |  |  |  |  |  |              |                                   |  |  |  |  |  |                                    |  |  |  |  |  |                                     |  |  |  |  |  |                |  |  |  |  |  |  |  |  |  |  |  |                               |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |   |  |  |  |  |                      |   |  |  |  |  |  |                    |  |                        |  |                     |  |  |  |  |  |                    |  |  |  |  |  |                            |  |   |  |  |  |      |  |  |  |  |  |                              |  |                    |  |                        |  |                     |  |  |  |  |  |                    |  |  |  |  |  |                         |  |  |  |  |  |      |  |  |  |  |  |                 |  |
|  |  |  |  | 28a. JUDGE / MAG. JUDGE CODE                  |                           |  |  |               |                      |                          |                           |                   |          |                                |  |  |  |  |  |                                |  |  |  |  |  |                    |  |  |  |  |  |          |  |  |  |  |  |                        |  |  |  |  |  |                        |  |  |  |  |  |                  |  |  |  |  |  |   |  |  |  |  |  |                               |  |  |  |  |  |  |              |                                   |  |  |  |  |  |                                    |  |  |  |  |  |                                     |  |  |  |  |  |                |  |  |  |  |  |  |  |  |  |  |  |                               |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |   |  |  |  |  |                      |   |  |  |  |  |  |                    |  |                        |  |                     |  |  |  |  |  |                    |  |  |  |  |  |                            |  |   |  |  |  |      |  |  |  |  |  |                              |  |                    |  |                        |  |                     |  |  |  |  |  |                    |  |  |  |  |  |                         |  |  |  |  |  |      |  |  |  |  |  |                 |  |
| 29. IN COURT COMP.   |  | 30. OUT OF COURT COMP.                       |  | 31. TRAVEL EXPENSES                           |                           |  |  |               |                      |                          |                           |                   |          |                                |  |  |  |  |  |                                |  |  |  |  |  |                    |  |  |  |  |  |          |  |  |  |  |  |                        |  |  |  |  |  |                        |  |  |  |  |  |                  |  |  |  |  |  |   |  |  |  |  |  |                               |  |  |  |  |  |  |              |                                   |  |  |  |  |  |                                    |  |  |  |  |  |                                     |  |  |  |  |  |                |  |  |  |  |  |  |  |  |  |  |  |                               |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |   |  |  |  |  |                      |   |  |  |  |  |  |                    |  |                        |  |                     |  |  |  |  |  |                    |  |  |  |  |  |                            |  |   |  |  |  |      |  |  |  |  |  |                              |  |                    |  |                        |  |                     |  |  |  |  |  |                    |  |  |  |  |  |                         |  |  |  |  |  |      |  |  |  |  |  |                 |  |
|  |  |  |  | 32. OTHER EXPENSES                            |                           |  |  |               |                      |                          |                           |                   |          |                                |  |  |  |  |  |                                |  |  |  |  |  |                    |  |  |  |  |  |          |  |  |  |  |  |                        |  |  |  |  |  |                        |  |  |  |  |  |                  |  |  |  |  |  |   |  |  |  |  |  |                               |  |  |  |  |  |  |              |                                   |  |  |  |  |  |                                    |  |  |  |  |  |                                     |  |  |  |  |  |                |  |  |  |  |  |  |  |  |  |  |  |                               |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |   |  |  |  |  |                      |   |  |  |  |  |  |                    |  |                        |  |                     |  |  |  |  |  |                    |  |  |  |  |  |                            |  |   |  |  |  |      |  |  |  |  |  |                              |  |                    |  |                        |  |                     |  |  |  |  |  |                    |  |  |  |  |  |                         |  |  |  |  |  |      |  |  |  |  |  |                 |  |
|  |  |  |  | 33. TOTAL AMT. APPROVED                       |                           |  |  |               |                      |                          |                           |                   |          |                                |  |  |  |  |  |                                |  |  |  |  |  |                    |  |  |  |  |  |          |  |  |  |  |  |                        |  |  |  |  |  |                        |  |  |  |  |  |                  |  |  |  |  |  |   |  |  |  |  |  |                               |  |  |  |  |  |  |              |                                   |  |  |  |  |  |                                    |  |  |  |  |  |                                     |  |  |  |  |  |                |  |  |  |  |  |  |  |  |  |  |  |                               |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |   |  |  |  |  |                      |   |  |  |  |  |  |                    |  |                        |  |                     |  |  |  |  |  |                    |  |  |  |  |  |                            |  |   |  |  |  |      |  |  |  |  |  |                              |  |                    |  |                        |  |                     |  |  |  |  |  |                    |  |  |  |  |  |                         |  |  |  |  |  |      |  |  |  |  |  |                 |  |
| 34. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) Payment approved in excess of the statutory threshold amount.   |  |  |  | DATE  |                           |  |  |               |                      |                          |                           |                   |          |                                |  |  |  |  |  |                                |  |  |  |  |  |                    |  |  |  |  |  |          |  |  |  |  |  |                        |  |  |  |  |  |                        |  |  |  |  |  |                  |  |  |  |  |  |   |  |  |  |  |  |                               |  |  |  |  |  |  |              |                                   |  |  |  |  |  |                                    |  |  |  |  |  |                                     |  |  |  |  |  |                |  |  |  |  |  |  |  |  |  |  |  |                               |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |   |  |  |  |  |                      |   |  |  |  |  |  |                    |  |                        |  |                     |  |  |  |  |  |                    |  |  |  |  |  |                            |  |   |  |  |  |      |  |  |  |  |  |                              |  |                    |  |                        |  |                     |  |  |  |  |  |                    |  |  |  |  |  |                         |  |  |  |  |  |      |  |  |  |  |  |                 |  |
|  |  |  |  | 34a. JUDGE CODE                               |                           |  |  |               |                      |                          |                           |                   |          |                                |  |  |  |  |  |                                |  |  |  |  |  |                    |  |  |  |  |  |          |  |  |  |  |  |                        |  |  |  |  |  |                        |  |  |  |  |  |                  |  |  |  |  |  |   |  |  |  |  |  |                               |  |  |  |  |  |  |              |                                   |  |  |  |  |  |                                    |  |  |  |  |  |                                     |  |  |  |  |  |                |  |  |  |  |  |  |  |  |  |  |  |                               |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |   |  |  |  |  |                      |   |  |  |  |  |  |                    |  |                        |  |                     |  |  |  |  |  |                    |  |  |  |  |  |                            |  |   |  |  |  |      |  |  |  |  |  |                              |  |                    |  |                        |  |                     |  |  |  |  |  |                    |  |  |  |  |  |                         |  |  |  |  |  |      |  |  |  |  |  |                 |  |

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## Notice of Distribution

This notice confirms a copy of the document docketed as number 52 in case 2:04-CR-20339 was distributed by fax, mail, or direct printing on November 17, 2005 to the parties listed.

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